

FOR PROFIT CORPORATION. ANNUAL REPORT

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DOCUMENT # **995000008407**

1. Entity Name

GREEN MEADOW CONSTRUCTION, INC.



FILED

11 MAY 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

GREEN MEADOW CONSTRUCTION, INC.

Suite, Apt. #, etc.

#212 1835 NE MIAMI GARDENS DR.

City & State

N.M.B. FL.

Zip

33179

Country

USA

3. Mailing Address

1835 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

City & State

N.M.B. FL.

Zip

33179

Country

USA

CR2E034B (1/11)

4. FEI Number

650552664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CLAUDIO VERZURA**

20365 W. COUNTRY CLUB DR.

Street Address (P.O. Box Number is Not Acceptable)

MIAMI FL 33179

City

FL

Zip Code

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-instating)

DATE **MAY 14/2011**

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

E-mail Address:

CLAUDIOVERZURA@GMAIL.COM
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CLAUDIO VERZURA
STREET ADDRESS	1835 NE MIAMI GARDENS DR. #212
CITY-ST-ZIP	N.M.B. FL. 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000207333090
05/18/11-01035-002 **5.00

000207333090
05/09/11-01004-009 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **MAY 14-2011** 305 725 5719
Daytime Phone #

5/19/11